

PERSONAL EXPERIENCE
SCREENING QUESTIONNAIRE
(PESQ)

Name or ID Number: _____

Age: _____ Sex: M F

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DIRECTIONS

This booklet asks about you and your experiences, including those with alcohol and other drugs. Some questions ask how often certain things have happened. Others ask if you agree with a statement. Please read each question carefully. Circle the * for the answer that is right for you. *Circle only one response option for each question.* Please answer every question.

Sample

PART I	Never	Once or Twice	Sometimes	Often
How often have you:				
12. Used alcohol or drugs secretly, so nobody would know you were using	*	*	*	*
When using alcohol or other drugs, how often have you:				
18. Spent money on things you wouldn't normally buy	*	*	*	*

PART II	Yes	No
Please answer the following questions about your experiences:		
25. I am bothered by unusual thoughts	*	*
28. I often suffer from headaches or a nervous stomach	*	*

PART III	Never	1-2 Times	3-5 Times	6-9 Times	10-19 Times	20-39 Times	40+ Times
During the past 12 months, how many times (if any):							
35. Have you had alcoholic beverages (including beer, wine, and liquor) to drink	*	*	*	*	*	*	*

	Never	Grade 6 or before	Grade 7-8	Grade 9-10	Grade 11 or after
40. I first used regularly	*	*	*	*	*